FEDERAL COURT INTERPRETER CERTIFICATION WRITTEN EXAMINATION REGISTRATION FORM



To register for the Federal Court Interpreter Certification Spanish-English Written Examination, complete this form and return it, together with the fee of \$140.00, to CPS Human Resources at the address found at the bottom of this page. This completed registration form must be received by CPS by the close of registration, July 10, 2006. All test information will be sent to the address that you enter on this form. Please report any change in address to CPS.

WRITTEN TEST SITE LOCATIONS FOR AUGUST 19, 2006			TEST SITE PREFERENCES
Albuquerque, NM	Houston, TX	Phoenix, AZ	You MUST indicate your 1st, 2nd and 3rd preference for test site
Atlanta, GA	Kansas City, KS	Portland, OR	location below:
Boise, ID	Las Vegas, NV	Sacramento, CA	
Boston, MA	LIttle Rock, AR	Salt Lake City, UT	1st Test Site Preference:
Charlotte, NC	Los Angeles, CA	San Antonio, TX	
Chicago, IL	Miami, FL	San Diego, CA	2nd Test Site Preference:
Columbus, OH	Minneapolis, MN	San Juan, PR	
Corpus Christi, TX	Mobile, AL	Spokane, WA	Ond Treat O'te Desferred
Dallas (Richardson), TX	Nashville, TN	Tucson, AZ	3rd Test Site Preference:
Denver, CO	Newark, NJ	Washington, DC	
El Paso, TX	Orlando, FL		
Honolulu, HI	Philadelphia, PA		
SOCIAL SECURITY NUMBER DATE OF BIRTH TITLE (Mr., Mrs., Ms.)			OF BIRTH TITLE (Mr., Mrs., Ms.)
	LAST NAME		FIRST NAME
MIDDLE NAME			MOTHER'S MAIDEN NAME
STREET ADDRESS (Include Apt. or Suite #)			
	CITY		ST ZIP CODE
HOME PHONE NUMBER WORK PHONE NUMBER MOBILE PHONE NUMBER			
EMAIL ADDRESS			
FEE INCLUDED: \$140.00 SPECIAL ACCOMMODATIONS:			
Money Order Cashier's Check			Do you require special accommodations? Check one:
Visa* MasterCard*			
*Complete the following if paying by credit card:			For Religious Reasons
			For an ADA Disability
Name on Credit Card:			CPS will contact you to tell you about the required documentation
Card #:			and other considerations necessary in order to accommodate your
Evniration Date:			request.
ExpirationDate:			
MAIL REGISTRATION FORM AND FEE TO: CPS Human Resource Services, FCICE Program, 241 Lathrop Way, Sacramento, CA 95815			
I hereby certify that all statements made in this test registration form are true and complete.			

SIGNATURE 916-263-3494

Human Resource Services